

PREA AUDIT REPORT Interim **XX Final**
ADULT PRISONS & JAILS

Date of report: [Click here to enter text.](#)

Auditor Information			
Auditor name: Hubert L. "Buddy" Kent			
Address: P.O. Box 515, Chattahoochee, FL 32324			
Email: auditorbuddykent@yahoo.com			
Telephone number: 850-509-1662			
Date of facility visit: June 29-July2, 2015			
Facility Information			
Facility name: Marion County Jail			
Facility physical address: 700 NW 30th Ave, Ocala FL 34475			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 352-351-8077			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Mike Rolls			
Number of staff assigned to the facility in the last 12 months: 305			
Designed facility capacity: 1924			
Current population of facility: 1245			
Facility security levels/inmate custody levels: Minimum, Medium and Maximum			
Age range of the population: 14 to 71 years of age			
Name of PREA Compliance Manager: James Aguiar		Title: Fire/Safety PREA Compliance Manager	
Email address: jaguair@marionso		Telephone number: 352-352-8077	
Agency Information			
Name of agency: Marion County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> Marion County			
Physical address: 700 NW 30th Ave, Ocala FL 34475			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 352-352-8077			
Agency Chief Executive Officer			
Name: Chris Blair		Title: Sheriff	
Email address: cblair@marionso.com		Telephone number: 352-732-8181	
Agency-Wide PREA Coordinator			
Name: Mike Forte		Title: PREA Coordinator	
Email address: mforte@marionso.com		Telephone number: 352-351-8077	

AUDIT FINDINGS

NARRATIVE

The auditor was escorted to the conference room in the Jail complex building. The auditor expressed his appreciation for the opportunity to be involved with Marion County Jail in the PREA process. The following persons were in attendance:

Chief LaTorre
Major Mike Rolls, Bureau Chief
Captain Bowen, Assistant Bureau Chief
Captain Savarese, Watch Commander
Marcia Harrison, HCA
Robin Williams-Martinez, Health Services Contract Monitor
Torey Richards, Mental Health
LT Piotti, Youth/Inmate Services
Lt Ross, Classifications/Booking
Meyer Carter, Jail Investigator
David Palmer, Human Resources
Robert Murray, Chaplain
Carolyn Fender, Programs/Volunteers
Kevin Rowe, Accreditation
Mike Forte, PREA Coordinator
Cpl James Aguiar, Fire Safety/PREA Compliance Manager

After a brief discussion about the audit, the team proceeded to tour the facility. . The tour of the facility was conducted on June 30, 2015 from 9:00 am to 11:30 am. The jail is under one roof and is considered one building. The design capacity for the facility is 1739. The population at the time of the audit was 1245. The average daily population for the previous 12 months was 1379. The age range of the inmates assigned to the main is from 14 to 71 years of age. There have been 6885 inmates assigned to Marion County Jail during the previous twelve months for 72 hours or more. There were 3688 assigned for 30 days or more. On the days of the audit there were 10 inmates assigned prior to August 20, 2012. The average length of supervision is 43 days. The custody level of the inmate population is Minimum to Close. There is three hundred five total staff assigned. There was thirty staff hired during the past twelve months. The areas toured were a total of 16 single cells 282 multi occupancy cells, and 18 open bay dormitory housing units and various departments within the secured confines of the jail. Alpha pod houses a maximum of 176 inmates. Section A is disciplinary confinement. Section D houses maximum security population inmates. Section E is Maximum Security inmates housed in Administrative Confinement. Section F houses inmates who are placed in Administrative confinement from other Pods. There are 344 youthful inmates housed in the facility during the pasts year.

The various departments toured were Classification, Food Service, Medical, Mental Health, and Security. At the time of the audit the segregation count was 81. The Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending.

Upon arrival for the audit, a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was requested. A list of all inmates currently housed at the facility that have had a PREA case. From these listings, one (1) inmate was random selected from each housing unit for interview. The language line is utilized to interview limited English speaking inmates if an interpreter is not available. There are 14 youthful inmates assigned to the facility at the time of the audit. A total of twenty four (24) inmate interviews were conducted. Twelve (12) random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The Specialized Staff Interviews included twelve (12) interviews for staff designated as: Intermediate/higher-level, Medical, Mental-Health, Contractor, Investigative, Screening for Risk of Victimization and Abusiveness, Supervisors in Segregation, Incident Review Team, Monitors Retaliation, First Responder Security, First Responder Non-Security, Intake Staff and a Volunteer. The auditor spoke the Chief

Deputy, Human Resource and SANE staff on the second day of the audit. During the tour the auditor randomly spoke with 8 staff and twenty two inmates. There are approximately (450) volunteers and sixty five (65) contractors approved to entry the facility on a daily basis. The majority of the contractors are medical staff.

DESCRIPTION OF FACILITY CHARACTERISTICS

Located at 700 NW 30th Ave, Ocala, Florida, the Marion County Sheriff's department complex provides booking and custodial services for the Marion County Sheriff's Office, the Ocala Police Department, the Dunnellon Police Department, the Belleview Police Department, the Florida Highway Patrol, the Department of Transportation, the Fish and Wildlife Conservation Commission, the United States Marshal and any other agency making arrests within the county. The Jail, along with an Emergency Operations Center, Haz-Mat and emergency response team equipment, staging areas, and office and training facilities, is secured by gated entries on this complex. There are three pedestrian gates and two sally ports for vehicle and pedestrian traffic. All incoming arrestees are subject to body scanning. Razor wire surrounds the main portion of this brick and concrete building, which opened as the Marion County Jail in 1985. With subsequent additions, there is now over 263,000 feet of space with both celled and dormitory style housing for both male and female offenders, as well as youthful offenders.

The current facility opened in December of 1985. Currently the Marion County Jail is divided into 15 housing pods.

The mission of Marion County Sheriff's Office is "To enhance the quality of life in Marion County by working cooperatively with the public and within the framework of the Constitution to enforce laws, preserve the peace, reduce fear, and provide a safe environment."

Marion County Jail is divided into 15 housing pods. Each pod is separate and has no sight sound or physical contact with another pod.

A pod is a secure cell housing pod with 176 beds. The pod is divided into 6 sections. Section A is for male inmates in Disciplinary Confinement. Sections B and C houses male high medium security inmates in general population. Section D houses inmates in Maximum Security status. Section E houses male inmates in Maximum Security Administrative Confinement. Section F houses male inmates in Administrative Confinement.

B pod houses juvenile offenders. Section A houses male pre trial detention youth downstairs and male juvenile inmates who have been direct filed upstairs. Section B houses female pretrial detention youth downstairs and female juvenile inmates who have been direct filed into adult court. The other sections are not be utilized at the time of the audit.

C pod is divided into 6 sections. A and B sections will house female inmate workers. Section C houses female workers and Minimum security inmates. Section D houses Pre-Classification housing and Medium Security inmates with custody levels 3, 4, 5. Section E houses Medium and Maximum Security general population inmates with custody levels 2, 3, 4. Section F houses female inmates on Suicide Step Down, Special Needs, Administrative and Disciplinary Confinement.

E pod has a capacity of 256. Section A houses male minimum security inmate's custody 6 to 9. Sections B and C will house minimum security inmates outside workers. Section D houses medium security inmate's custody level 4 and 5.

Pods D and F are currently closed.

G pod has a capacity of 256. Section A houses male felony inmates with Sexual Offenses. Sections B and C houses male medium security inmates, custody level 4 and 5. Section D houses Pre Classification housing areas for male inmates pending Primary Classification.

H pod has a capacity of 256. Section A houses inside the facility workers. Section B houses male medium custody inmates with a custody level of 4 and 5 and minimum custody inmates with LL and LB restrictions. Section C and D will house male food service workers.

Juvenile Pod Section A and B will house youthful inmates. Inmates are not within sight, sound or physical contact

with adult inmates or pods.

Infirmaries houses segregated male and female inmates with medical problems that require close supervision by medical staff.

Medical Pod houses 128 inmates. Section A houses female inmates on Suicide Precautions. Section B houses male inmates with medical issues that require close supervision by medical staff. Section D houses male inmates on suicide precautions.

SUMMARY OF AUDIT FINDINGS

115.11
115.18
115.31
115.33
115.41
115.42

Not applicable

115.12
115.52

Number of standards exceeded: 6

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- XX Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility meets the standard based on the policy 6603. This was confirmed in staff and inmate interviews. All were aware of the Zero tolerance policy. Staff was aware of prohibited behaviors regarding sexual assault and sexual harassment. Inmates received training upon arrival to the facility. Staff has been trained and is trained annually during in service training. In addition to the annual training they receive training on the computer from Power DMS. Staff is kept up to date with shift briefing and email memos. The department has an agency wide coordinator. The PREA Coordinator is very knowledgeable about the PREA requirements and very effective in meeting the requirements of PREA. There are PREA posters throughout the facility. The Marion County Jail has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment in Policy, Sexually Abusive Behavior Prevention and Intervention Program. The policy describes the department’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment and includes definitions of prohibited behaviors. The agency wide PREA Coordinator and facility Compliance Manager at the facility stated they had enough time and authority to perform their duties. Both were interviewed at the time of the audit. Both were very knowledgeable of the standards.

- Policy 6603 page 1
- Policy 2078 page 1
- Policy 6723 page 1
- Policy 6631 page 1

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not Applicable Marion County does not contract with other entities for the confinement of inmates.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Marion County Jail has a staffing plan that is reviewed annually and takes into account items such as generally accepted detention practices, physical plant, inmate population and prevalence of substantiated and unsubstantiated sexual abuse allegations. The PREA Compliance Manager at Marion County Jail and the Jail Administrator are personally involved when reviewing staffing requirements and appropriate numbers of assigned staff. There has been no deviation to this staffing plan in the last 12 months and the interview with the Jail Administrator indicated he is notified if there is any. The PREA Compliance Manager and the jail administrator review the staffing annually and forward it to the Departmental PREA Coordinator with any recommendations. Supervisor’s rounds are documented. Interviews conducted with them indicated the round is done regularly at different times. Supervisors to the extent possible keep staff from alerting others by altering the sequence of areas they visit.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate. The assigned pods do not share any space with adult inmates. In the past 12 months there have been 344 youthful inmates housed at the facility. Marion County Jail makes its best efforts to avoid placing youthful inmates in isolation to meet this standard. Absent exigent circumstances, the facility does not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Marion County Schools provide education services to the facility.

6631.20 D J-2-1 PG 1

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Marion County Jail does not conduct any cross gender strip searches or cross-gender visual body cavity searches. There are no cross gender

pad searches. The auditor observed half walls for the showers and toilets. The random interviews with staff and inmates indicated inmates have privacy and are not exposed while showering, using the toilet or dressing. The inmate interviews also indicated that opposite gender staff announces their presence each time he/she enter the living areas. The auditor witnessed the announcements being made during the tour. Staff advised they do not cross gender pat search inmates.

Certified male corrections officers are present at all times to intake male inmates. Certified female corrections officers are present at all times to intake female inmates.

Policy 6721.20 A, E 2, J 2-3

Policy 6722.00 C

Policy 6722.30 A

Policy 6722.40 B

Policy 6722.50 A

Policy 6566.10 A

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Marion County Jail has numerous safeguards in place to meet the needs of those inmates detailed above. At intake, each inmate is screened for specific needs including being unable to read, unable to write, blindness, or deafness. The inmate is asked if they have any physical situations that may put them at risk or uncomfortableness about general population. The inmate is asked if they speak and understand English/Spanish. If any of those questions are answered "yes" classifications officers will note that and the PREA Coordinator will make contact with that inmate. Accommodations are made on a case by case basis to meet the needs of such inmates. Actual needs are documented and listed in the inmate log on the computer for future reference. The end result is that NO inmate misses the opportunity to be advised of Zero Tolerance Policy, how to report an alleged incident and the help that is available to them.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MCSO policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, open or implied threats of force, or coercions, or if the victim did not consent or was unable to consent or refuse.

Before the MCSO hires any new employees who may have contact with inmates, it conducts criminal background record checks consistent

with federal, state, and local law, the MCSO makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The MCSO requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. Criminal background records checks are conducted by the Human Resources Department or designee on all current MCSO employees, volunteers, and contractors. The department is connected as a level II employer and any arrest is provided to the department upon entry into the system. All volunteer and contract re-checks are completed annually and are up to date. Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Policy 3430.25 D

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, Marion County Jail considers how such technology may enhance the facility's ability to protect inmates from sexual abuse. Twelve exterior cameras (10 are analog and two are pan/tilt) are monitored from the control room, with recordings from each camera being retained for a period of 30 days. There are 420 interior cameras, 50 of which are digital and 380 of which are analog. These are also monitored from the control room and have their recordings held for a period of 30 days. During the past twelve months approximately 80 cameras have been replaced and upgraded. In addition to replacing the 80 cameras in the Youthful inmate section an additional 55 cameras and server was purchased to enhance the facilities ability to protect inmates in other areas of the facility. Approximately 100,000 dollars have gone toward up dating and improving camera and video monitoring within the past twelve months. The facility is currently upgrading all electronic surveillance wiring to digital for upgrading all cameras from analog to digital. The facility has 3 estimates for the installation of electronic surveillance wiring for the entire facility.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MCSO is responsible for conducting administrative or criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct. The evidence protocol is based on the guidelines recommended by the Florida Department of Law Enforcement. All victims of sexual abuse are offered access to forensic medical examinations. Such examinations are offered without financial cost to the victim. The MCJ makes available to the victim a victim advocate from a Ocala Rape Crisis Center, in person or by other means. All of these efforts are fully documented. (Ocala Rape Crisis Center Hotline: P.O. Box 2193 Ocala, Florida 34478, (352-622-8495)

The number of exams performed by SANES/SAFEs during the past 12 months was two. The Crisis Center has a hot line in the facility to dial directly to them.

- Policy 4081.00 A
- Policy 4081.20 A-2
- Policy 4082.50 A
- Policy 4500.00 A, B, C, D
- Policy 6335.00 A
- Policy 6335.10 A
- Policy 6335.20 A-1,2

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency ensures that an administrative and/or a criminal investigation are completed for all allegations of sexual abuse and sexual harassment as defined in policy 6603.60. During the past 12 months, there were 25 allegations of sexual abuse and sexual harassment were received. During the past 12 months, there were 16 allegations resulting in an administrative investigation. During the past 12 months, there were 9 allegations referred for criminal investigation. There was 3 staff on inmate abuse allegations all unfounded. There was 2 staff on inmate sexual harassment allegations both were unfounded. There were a total of 13 inmate on inmate abuse, 6 was unfounded, 2 substantiated and 5 unsubstantiated. There was 7 inmate on inmate harassment allegations 2 were unfounded, 3 unsubstantiated and 2 substantiated.
Policy 6603.60

Standard 115.31 Employee training

- XX Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Marion County Jail trains all employees who may have contact with inmates on the following matters Agency's zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; The right of inmates to be free from sexual abuse and sexual harassment; The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse

and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Between trainings the Marion County Jail provides employees who may have contact with inmates with information about current policies regarding sexual abuse and harassment through Briefing presentations, Power DMS and via emails. All staff receives 4 hours annual training keeping them abreast of policy and updates to PREA procedures. The annual training is taught by the compliance manager. The agency documents that employees who may have contact with inmates understand the training they have received through employee signature maintained in the training file. Each staff member has their own copy of "Quick Series Prison Rape Elimination Act Standards a guide for employees, contractors and volunteers".
Policy 6603.60

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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All volunteers and contractors who have contact with inmates are trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. There have been greater than 450 volunteers trained who have contact with inmates. All volunteers and contractors who have contact with inmates have been trained on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. All volunteers receive instruction on what is PREA, what is a violation of PREA, how will the Sheriff's Office respond, how does this apply to me as a contractor, volunteer or vendor and what to do if an inmate comes and wants to make a report. The basic detect, respond and prevent information is provided to 100% of all contractors and volunteers. The agency maintains documentation confirming that volunteers/contractors understand the training they have received. Training files are maintained in the human resource office.

Policy 6830.60
Policy 6600

Standard 115.33 Inmate education

- XX Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Inmate Rules and Regulations Handbook are provided in English and Spanish; both handbooks contain PREA (Prison Rape Elimination Act) information describing the Agency's Zero Tolerance policy. The oral orientation is presented via TV monitor and is presented in English and Spanish with closed captioning. The oral presentation includes information on the Agency's Zero Tolerance policy regarding PREA. Those inmates needing additional services will be dealt with on a case by case basis to ensure they have been given all pertinent

orientation info by the PREA compliance manager. Inmates acknowledge by signature they have received PREA orientation.
Policy 6603

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Marion County Sheriff’s Office Investigators who investigate allegations of sexual abuse are trained in conducting sexual abuse investigations in confinement settings. The specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garity warnings, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Marion County Sheriff’s Office maintains documentation showing that investigators have completed the required training. Currently there are twelve Investigator’s trained to investigate allegations of sexual abuse.

Policy 6603 page 15

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Medical staff received specialized training regarding sexual abuse and sexual harassment; How to detect an assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. During the interviews medical staff stated they were to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

Standard 115.41 Screening for risk of victimization and abusiveness

- XX Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Marion County Jail has a policy that requires screening for risk of sexual abuse victimization or sexual abusiveness toward other inmates upon admission. Risk assessment is conducted using an objective screening checklist. The policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) the questions: Whether or not the inmate has a mental, physical, or developmental disability; Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; Whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. There were 6885 inmates entering the MCJ either through intake or transfer within the past 12 months whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates. There 3688 inmates entering the MCJ either through intake or transfer within the previous 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the MCJ based upon any additional relevant information received since intake. The policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Policy 6603.65 Page 17 Section 2

Standard 115.42 Use of screening information

- XX Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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The auditor interviewed members of the intake staff and classification staff to question them on how the system is used to determine work/housing and education assignments. Each explained how it was used in detail considering victimization among other things. The placement of transgendered and/or intersex inmates is done only after a PREA Compliance Coordinator has reviewed the case. Transgender/Intersex inmates receive a face-to-face review within fourteen days of arrival and anytime in which their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned. Additionally, inmates who are identified as at high risk for perpetration or victimization are monitored to ensure inmates are not assigned to work, housing or education assignments in a manner that might increase their propensity for abuse. Transgender inmate was interviewed and spoke of the staff and their positive approach to screening and housing him.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. If an involuntary segregated housing assignment is made, the facility shall clearly the basis for the facility's concern for the inmates' safety. The reason why no alternative means of separation can be arranged. An incident report is completed on all inmates placed in involuntary segregated housing. Classification and the PREA Coordinator or designee will review all incident reports and determine if the need for continued segregated housing is required. If the inmate is to remain in involuntary segregated housing, Classification will document the reason the inmate will remain in segregated housing, any limitations to programs, education and work opportunities, the duration of the limitations and why the limitations are placed based on the safety of the inmate and security of the facility.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of documentation indicated that there are multiple ways (including privately and anonymously) for inmates to report sexual abuse or harassment. The officers interviewed stated staff and inmates may privately report any abuse, harassment, or neglect verbally, in writing, anonymously or to a third party. Staff will immediately document any allegation on an incident report and contact their supervisor. Posters and other documents on display throughout the facility also explain the reporting procedures. The PREA pamphlet and the inmate handbook address this standard.

Policy 6603 page 20

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not applicable-Facility does not have a grievance system in place for sexual abuse. There are at least several other ways to report sexual abuse or sexual harassment. Staff and inmates stated the many different ways during the interviews both formal and informal.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates shall be provided with access to outside victim advocates for emotional support services related to sexual abuse by: Giving inmates mailing addresses and telephone numbers including toll-free hotline numbers, for local, state, or national victim advocacy or rape crisis organizations. Giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers for immigrant services agencies for persons detained solely for civil immigration purposes; Enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

The MCJ staff informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The MCJ staff informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

Access to outside support services was documented by memorandum of agreement. The inmate handbook and posters throughout the facility informs the inmates of the contact numbers and mailing address.

Policy 6603 Page 22

Inmate handbook Page 4

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Marion County Jail provides at least 5 ways for a third-party to report a sexual assault or sexual harassment. A complaint can be made by calling the Jail Investigator. A third-party can also make a complaint on the Marion County Web site in the PREA section; make a complaint directly to any staff member of the Marion County Jail, complete a complaint form at the Marion County Jail, or call the Ocala Rape Crisis Center. There is also a signed letter of agreement between the Ocala Rape Crisis and the Marion County Sheriff’s Office that stipulates that the Rape Crisis Center will receive any complaint from an inmate or third party alleging any sexual assault, abuse, or harassment by an inmate, an employee of the Marion County Sheriff’s Office, a contractor, or a volunteer. The Rape Crisis Center will refer complaints to the PREA Compliance Coordinator. The MCJ will receive, investigate, and adjudicate all complaints. There large posters located in every housing unit and throughout the facility. In the booking area there are two televisions playing the PREA reporting process. Each inmate interviewed was aware and knew the process to report PREA allegations first hand or third party.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)

- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All MCSO staff are required to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, even if that facility is not the Marion County Jail. All MCSO staff is required to immediately report any retaliation against inmates or staff who reports such incidents. All MCSO staff are required to immediately report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Staff/Inmates interviewed were aware that they must immediately report allegations of abuse, harassment, retaliation, or neglect relevant to PREA. Compliance with all aspects of the standard was verified through a review of the policy and staff / inmate interviews.

Policy 6603.80 Page 23

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Each staff member interviewed, from the MCJ Bureau Chief to the line staff person, indicated that when he or she learns that an inmate is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the inmate. It starts with removing the inmate from potential danger, notifying their supervisor, investigator and preserving any evidence and the area.

Policy 6603 Page 24

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the MCJ Bureau Chief or designee notifies the head of the other facility or appropriate office of the agency/facility where sexual abuse is alleged to have occurred. The MCJ Bureau Chief or designee provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. The MCJ Bureau Chief or designee will fully document that it provided such notification within 72 hours of receiving the allegation. The Marion County Jail is required to fully investigate allegations received from other facilities/agencies. There was one allegation received from other facilities alleging sexual abuse or harassment.

Policy 6603 Page 24

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and/or If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, there were sixteen allegations that an inmate was sexually abused. Of these allegations, thirteen times the first security staff member to respond to the report separated the alleged victim and abuser. In the past 12 months, there were two allegations where staff was notified within a time period that still allowed for the collection of physical evidence.

Policy 6603 Page 24

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MCJ has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and MCSO leadership. The plan provides specific directions from first responders all the way to the compliance coordinator.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Since August 2012, neither the MCSO, MCJ, or any other governmental entity responsible for collective bargaining on the agency's behalf has enter into any or renewed any collective bargaining agreement or other agreement that limits the MCSO's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Collective Bargaining Agreement (CBA) between the Marion County Sheriff's Office and the Florida State Lodge Fraternal Order of Police relative to PERC Certification Number 1742, Deputies and Corporals bargaining unit article 16.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

For at least 90 days following a report of sexual abuse, designated MCJ staff shall monitor the conduct and treatment of inmates or staff who report sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmate or staff, and acts promptly to remedy any such retaliation. The designated staff shall monitor to include; any inmate disciplinary reports, housing or program changes or negative performance reviews or reassignments of staff. The MCJ shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The MCSO monitors inmates through the classification system for all inmates in segregated housing at least twice a week. In addition all incident reports are checked daily by the PREA Coordinator and the Jail Investigator. In the event retaliation is suspected it would be acted on immediately, investigated and remedied. April 1, 2014 thru April 30, 2015 there have been no reported incidents of retaliation on inmates or staff.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. If an involuntary segregated housing assignment is made, the facility shall clearly state the basis for the facility's concern for the inmates' safety. The reason why no alternative means of separation can be arranged. An incident report is completed on all inmates placed in involuntary segregated housing. Classification and the PREA Coordinator or designee will review all incident reports and determine if the need for continued segregated housing is required. If the inmate is to remain in involuntary segregated housing, Classification will document the reason the inmate will remain in segregated housing, any limitations to programs, education and work opportunities, the duration of the limitations and why the limitations are placed based on the safety of the inmate and security of the facility. The MCJ has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. There were five inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Five files were reviewed they contained a statement of the basis for facility’s concern for the inmate’s safety, and the reason or reasons why alternative means of separation could not be arranged.

Policy 6603 page 28

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All investigations into allegations of sexual abuse and sexual harassment will be done promptly, thoroughly, and objectively, including third-party and anonymously. The MCSO uses investigators who have received special training “Investigating sexual assaults in a confinement setting”. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the investigator will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect or witness shall not be determined by the person's status as inmate or staff. The MCSO shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. There no substantiated allegations of conduct that appears to be criminal that were referred for prosecution since August 20, 2012.

Policy 6603 Page 29

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Marion County Sheriff’s Office imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Policy 4081.75

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Marion County Sheriff’s Office requires that any inmate who makes an allegation that he or she suffered sexual abuse in an MCSO facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. There were fifteen criminal and/or administrative investigations of alleged inmate sexual abuse that were completed in the past 12 months. Of the alleged sexual abuse investigations that were completed in the past 12 months, there were fifteen inmates who were notified, verbally or in writing, of the results of the investigation.

Policy 6033 Page 30

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who engaged in sexual abuse. In the past 12 months, there were no staff who have violated departmental sexual abuse or sexual harassment policies.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Marion County Sheriff’s Office requires that any contractor or volunteer who engages in sexual abuse be reported for law enforcement investigation, unless the activity was clearly not criminal, and to relevant licensing bodies. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Marion County Jail prohibits all sexual activity between inmates. Disciplinary policy stipulates that inmate-on-inmate sexual activity (not forced) will result in a disciplinary report be written for violation any sex acts or unauthorized physical contact- with or without consent. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. This report results in a disciplinary hearing being held on the inmate within the facility. Staff-on inmate sexual activity will be subject to disciplinary action and/or criminal prosecution.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Any inmate that reports physical/sexual assault will be referred to mental health regardless of offsite services provided. The victim will be scheduled for immediate assessment and follow up; and the abuser will be scheduled for assessment within 60 days of incident. If an inmate reports sexual victimization or abuse or the perpetrating of such that occurred in another institutional setting or in the community, the inmate will be scheduled for an appointment with a medical and/or mental health practitioner within fourteen days of reporting.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State or local law.

There is a signed informed consent form signed by the inmate before reporting information about prior sexual victimization that did not occur in an institutional setting. If the inmate is under the age of 18, the information must still be reported.

Policy 6603.96 Page 32
Medical Policy OCC 43

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Adult inmates that have alleged to be sexually abused within the facility will either be transported to the hospital or another off site medical facility, or retained on site for evaluation and evidence collection as appropriate by the Jail Watch Commander or Investigator. This examination and data collection usually occurs if the assault occurred within five (5) days of reporting, BUT will be determined by either the Jail Watch Commander or Investigator. In the event it is determined that forensic evaluation and data collection will occur, Jail Medical Staff will treat any life threatening conditions but will not treat any minor injuries, clean any dried body fluids, change clothing or provide any other services which may tamper with the evidence and/or preservation of evidence. Should a determination be made that forensic evaluation and data collection isn't necessary, medical staff will treat the adult inmates as per protocol.

All Juvenile Victims will be provided first aid treatment for any life threatening conditions but any further initial assessment and treatment to include treatment of any minor injuries and sexual assault assessment will be provided off site by a Sexual Assault Forensic Examiner (S.A.F.E) or a Sexual Assault Nurse Examiner (S.A.N.E.) The juvenile will also be given access to a victim's advocate. Follow up care will be provided as below once the juvenile returns to the facility. The juvenile aggressor will be treated onsite unless offsite care is deemed necessary by the Jail Watch Commander, Investigator, or Clinician.

Policy 6603.96 page 33
Medical Policy OCC 43

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MCJ offers medical and mental health evaluation and as appropriate treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

The Marion County Jail provides such victims with medical and mental health services consistent with the community level of care.

Policy 6603 Page 33
Medical Policy OCC 43

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MCJ staff conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including whether the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Sexual abuse incident reviews will be conducted within 30 days of concluding the investigation. The PREA Review Team conducts the review and allows for input from line supervisors and investigators. The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Prepare a report of its findings and any recommendations for improvement and submit such report to the MCJ Bureau Chief and PREA compliance manager the MCJ will implement the recommendations or will document the reason for not doing so.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MCJ collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the U.S. Department of Justice. The MCJ aggregates the incident-based data at least annually. The MCJ maintains reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Policy 6603 Page 35

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Marion County Sheriff's Offices reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report will provide an assessment of the agency's progress in addressing sexual abuse. The MCSO makes its annual report readily available to the public at least annually through its website. The annual reports shall be approved by the Sheriff. When the MCSO redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the MCJ. The MCSO will indicate the nature of the redaction.

Policy 6603 Page 35-36

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MCSO ensures that the incident-based and aggregate data are securely retained. Aggregated sexual abuse data made readily available to the public at least annually through the MCSO website. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The agency shall maintain sexual abuse data collected pursuant for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Policy 6603 page 36

AUDITOR CERTIFICATION

I certify that:

- X The contents of this report are accurate to the best of my knowledge.
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Hubert L. "Buddy" Kent

Hubert L. "Buddy" Kent

July 6, 2015

Auditor Signature

Date